

## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, Virginia 22313-1450  
or Fax (703) 746-4000

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 4 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

23483 7590 01/06/2004

HALE AND DORR, LLP  
60 STATE STREET  
BOSTON, MA 02109

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

## Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.

Attorney W. Sutton (Depositor's name)  
[Signature] (Signature)  
April 5, 2004 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/778,926	02/06/2001	John Collinge	102286-408CON	8540

TITLE OF INVENTION: DIAGNOSIS OF SPONGIFORM ENCEPHALOPATHY

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$665	\$300	\$965	04/06/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
CHAKRABARTI, ARUN K	1634	435-006000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 HALE AND DORR LLP  
2  
3

## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

D-GEN Limited

LONDON, UNITED KINGDOM

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

## 4a. The following fee(s) are enclosed:

- ☒ Issue Fee
- ☐ Publication Fee
- ☒ Advance Order - # of Copies 10

## 4b. Payment of Fee(s):

- ☐ A check in the amount of the fee(s) is enclosed.
- ☐ Payment by credit card. Form PTO-2038 is attached.
- ☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 08-0219 (enclose an extra copy of this form).

Director for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

(Authorized Signature)

(Date)

[Signature] 4-5-2004

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

04/08/2004 GWORDF2 00000101 080219 09778926

01 FC:2501 665.00 DA  
02 FC:1504 300.00 DA  
03 FC:8001 30.00 DA

TRANSMIT THIS FORM WITH FEE(S)

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

(Attorney Docket No.: 102286.408CON)

Applicant(s): COLLINGE, et al.

Serial No.: 09/778,926

Filing Date: February 6, 2001

Title: DIAGNOSIS OF SPONGIFORM ENCEPHALOPATHY

Examiner: Chakrabarti, Arun K.

Group Art Unit: 1634

Notice of Allowance Mailed: January 6, 2004

Confirmation No. 8540

**CERTIFICATE UNDER 37 C.F.R. 1.8(a)**

I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class Mail addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date set forth below.

4/5/04  
Date

Sarah L. Farris

Mail Stop ISSUE FEE  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**TRANSMITTAL LETTER**

Dear Commissioner:

Enclosed for filing in the above-identified application are the following documents:

- 1.) Part B – Issue Fee Transmittal (Form PTOL-85B);
- 2.) Notification of Change In Entity Status;
- 3.) Authorization of payment of large entity issue fee, publication Fee, and advance copies of patent; and
- 4.) Return Postcard.

The Commissioner is hereby authorized to charge a total of \$1,660.00 to Deposit Account No. 08-0219. (\$1,330.00) in payment of the large entity issue fee; (\$300.00) for the publication fee; and (\$30.00) for 10 advance soft copies of the issued patent. Please charge any deficiency or credit any overpayment in connection with this matter to Deposit account No. 08-0219.

Respectfully submitted,

HALE AND DORR LLP

Date:

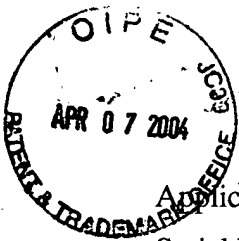
April 5, 2004

Hollie L. Baker

Hollie L. Baker

Registration No. 31,321

Hale and Dorr LLP  
60 State Street  
Boston, Massachusetts 02109  
Tel: (617) 526-6110



PATENTS

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

(Attorney Docket No.: 108826.408CON)

Applicant(s): COLLINGE, et al.

Serial No.: 09/778,926

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4/5/04

Date

*Sarah L. Farris*

Sarah L. Farris

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Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

NOTIFICATION OF CHANGE IN ENTITY STATUS

Commissioner:

Applicants in the above-referenced application are no longer entitled to claim small entity status; therefore, the Commissioner is authorized charge the large entity fee in payment of the issue fee of \$1,330 to Deposit Account No. 08-0219.

Respectfully submitted,

HALE AND DORR LLP

Date: April 5, 2004

*Hollie L. Baker*

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